to a resident's room. (8 minutes later) Continued observation with the Dietary Manager at 12:40 p.m., revealed a second CNA came to the yellow hall to assist in passing the meal trays. Continued observation with the Dietary Manager at 12:44 p.m., revealed a third CNA assisted with passing

Observation on April 30, 2012, at 12:57 p.m., with

TITLE

microwave.

(X6) DATE

5/7/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Morma

the meal trays on the yellow hall.

adminis trator Linasa

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: 8DTT11

Facility ID; TN4702

If continuation sheet Page 1 of 2

HEALTH CARE FACILITY

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		AND HUMAN SERVICES				FORM A	PPROVED 0938-0391
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		445114	B. WIN	NG		05/01	/2012
NAME OF PROVIDER OR SUPPLIER					EET ADDRESS, CITY, STATE, ZIP CODE		
BRAKEBILL NURSING HOME INC.				KNOXVILLE, TN 37919			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 364	had been delivered the cart (30 minutes was delivered to the Continued observar Dietary Manager of the pinto beans was cabbage was 93.70 90.9 degrees (requor above).  Interview with Residual of the residual meals.  Interview on April 3 Dietary Manager, of the meal trays are minutes from the time floor.  Interview on April 3 Registered Dieticia the first tray is to be	er, confirmed nineteen trays with one feeder tray left on s from the time the meal cart	F		How you will ident residents having to be affected by the same deficient practice and what action will be take All residents have tial to be affected Same deficient protocolor will notificately will notificately will notificately will notificately will notificately will annote food courts, the nursing staff me immediately upon of food courts, the nursing will annote food trays have delivered. Cart de will be spaced in of 20 minutes to nursing staff have one cart before a cart is delivered. It is delivered in the completed with minutes of food and if temperature to residents desired will reheat meal us.	che ected cient corrections in the correction of the corrections had accompanied to the correction of	5/2/12 e

PRINTED: 05/01/2012 FORM APPROVED OMB NO. 0938-0391

	(X2) M	ULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED							
	A. BUI	LDIN	G	C							
	B. WIN	1G_		05/01/2012							
		CTE	OFFE ADDRESS SITV STATE ZIR CODE	05/01/2012							
	STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE										
	KNOXVILLE, TN 37919										
ID PREFIX TAG			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETION DATE							
	F3	364	What measures will into place or what so changes you will madensure that the depractice does not reconstructed the deliver two meals per wind a week times 4 we for proper timely defor proper timely defor trays. Dietician perform random for erature checks on each to monitor correct formonthly.	ystematicke to ficient will y on celebrate will a temp. The wind temp. The work will week tood							
			How the corrective ac will be monitored to the deficient practice recur, i.e., what qual ance program will be place; Temperature will be maintained as to the quality Assural mittee by the dieticina week times 4 were monthly ongoing. Nu management will be management will management will be manage	plut into logs and reportion once comman once comman once comman once comman on each on each on each times 4	ted - n						
17	TURE	_	TITLE		(X6) DATE						
		-	-	_							

ch the institution may be excused from correcting providing it is determined that s.) Except for nursing homes, the findings stated above are disclosable 90 days or nursing homes, the above findings and plans of correction are disclosable 14 deficiencies are cited, an approved plan of correction is requisite to continued